### Caution: DRAFT FORM

This is an advance proof copy of an IRS tax form. It is subject to change and OMB approval before it is officially released. You can check the scheduled release date on our web site (www.irs.ustreas.gov).

If you have any comments on this draft form, you can submit them to us on our web site. Include the word DRAFT in your response. You may make comments anonymously, or you may include your name and e-mail address or phone number. We will be unable to respond to all comments due to the high volume we receive. However, we will carefully consider each suggestion. So that we can properly consider your comments, please send them to us within 30 days from the date the draft was posted.

# Form **720-CS**

(September 2000) Department of the Treasury

## **Carrier Summary Report**

OMB	No.	1545-xxxx	

Corrected

For the month ending 20

nternal Revenu	ie Service		1 01 1110 1110	nur chang	, 20 .				
Part I	Carrier								
Company nai	me						Employ	er Identification Nu	mber (EIN)
Address (nun	nber, street, room c	r suite number)						·	
City, state, ar	nd ZIP code (Foreig	n addresses, include province and postal code as a	ppropriate. Do not	abbreviate country i	name.)				
Contact pers	on	Daytime telephone nur	mber	FAX number		E-mail	address		
Part II	Transaction	ns for the Month							
		,nO,	product co	ransactions for	the period on	ttach separate sch Schedules A and nstructions for the	B, then co	omplete lines 1	I and 2 for each
		4	(a) PC:	(b) PC:	(c) PC:	(d) PC:	<b>(e)</b> PC:	PC:	( <b>g)</b> PC:
1 Tota	al carrier rec n Schedule(s)	eipts. Enter the total of net gallons A by product code.							
		veries. Enter the total of net edule(s) B by product code.							
Under pena	alties of perjury, I d	eclare that I have examined this return and accompa							
Signatu	ıre ▶		Title, if app	plicable ▶			Dat	e <b>&gt;</b>	
(Please	type or print	your name below signature.)							

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Carrier name as shown on Form 720-CS	EIN ,	For the month ending (enter MM/DD/YYYY)
	:	

### Schedule A Carrier Receipts From a Terminal

**Product code.** Enter in the columns below the information requested for a specific product code. Use additional schedules for each product code.

See page x in the instruct	tions for product codes. ►					
(a) Consignor TIN	(b) Consignor name	(c) Mode of transport	(d) Origin terminal TCN	<b>(e)</b> Document date	<b>(f)</b> Document number	<b>(g)</b> Net gallons
	920					
	4					

Total. Add amounts in column (g) and enter the total. Also, enter on Form 720-CS, line 1, in the column for the applicable product code.

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		•
Carrier name as shown on Form 720-CS	EIN .	For the month ending (enter MM/DD/YYYY)
	i i	

### Schedule B Carrier Deliveries to a Terminal

**Product code.** Enter in the columns below the information requested for a specific product code. Use additional schedules for each product code.

(a) Consignor TIN	r product codes.  (b)  Consignor  name	(c) Mode of transport	(d) Destination terminal TCN	(e) Document date	<b>(f)</b> Document number	<b>(g)</b> Net gallons
W.						
$-\mathbf{Q}$						
	n 0,					
		+				
		0				

Total. Add amounts in column (g) and enter the total. Also, enter on Form 720-CS, line 2, in the column for the applicable product code.